MUSEUM ARTIFACT AND DOCUMENT DONATION REQUEST

Received f	rom: Name	
	Address	
	Phone	
Describe of	bjects deposited: (atta	ach photos where possible)
State how a	and when the objects	were acquired:
		rray City of said items for consideration of donation to the Murray History od of subject to these conditions:
		en the same care by Murray City as if they were its own property, but it ty in case of loss or damage by theft, fire, or otherwise.
2. Mu	urray City does not gu	arantee the items will be accepted as part of the Murray History Collection.
	•	we the objects within 30 days of notification of rejection at his/ her own re not accepted as part of the history collection.
I, the under terms.	rsigned, have read the	e above terms and hereby deposit the above listed objects subject to these
Signed	Potential Donor	Date
		above has been received by Murray Historic Preservation Office for the al for inclusion in the Murray History Collection.
Condition of Remarks:	of Objects:	
Acknowled	lge Receipt: Murray	Date Cultural Programs Manager